



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

JOE SCHMITZ  
MGR  
THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

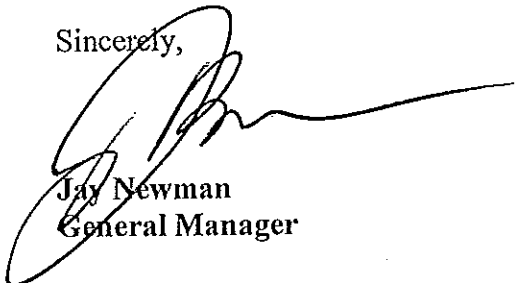
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **BALTIMORE, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1467  
7099 3400 0011 7768 1467

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:		Postmark Here
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

N JOE SCHMITZ  
S MGR  
C THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209  
PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOE SCHMITZ  
MGR  
THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1467

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:		Postmark Here
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

N JOE SCHMITZ  
S MGR  
C THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

PS Form 3811, July 1999

See Reverse for Instructions

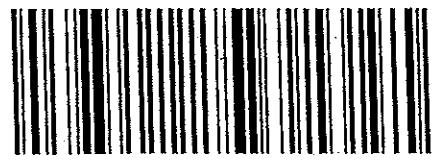
JOE SCHMITZ  
MGR  
THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

7099 3400 0011 7768 1467

BS

WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

**CERTIFIED MAIL**



7099 3400 0011 7768 1467

UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 005.790  
0003141280 AUG 22 2011  
MAILED FROM ZIP CODE 21211

JOE SCHMITZ  
MGR  
THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

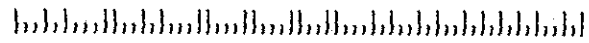
*Handwritten signature and initials*

NIXIE 212 DE 1 00 08/23/11

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 2121132225 \*0327-00789-22-43

212093222510322



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOE SCHMITZ  
MGR  
THE TOWERS-ADS  
3021 FALLSTAFF RD  
BALTIMORE, MD 21209

2. Article Number  
(Transfer from service label)

7099 3400 0011 7768 1467

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in BALTIMORE, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1474  
7099 3400 0011 7768 1474

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

2. Article Number  
(Transfer from service label)

7099 3400 0011 7768 1474

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-08

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

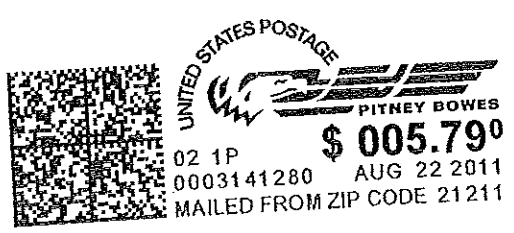
MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

PS Form 3800, July 1999 See Reverse for Instructions

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

7099 3400 0011 7768 1474

BC: 2121132225 \*0892-08142-2  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
212 CC 1  
01 08/2



UTF

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARK NALPASS  
GEN MGR  
FLIGHT SYSTEMS CABLEVISION-ADS  
1001 ALICEANNA ST., STE P2-101  
BALTIMORE, MD 21202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1474

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

GENERAL MANAGER  
WALKER MEWS APARTMENTS  
2525 KIRK AVENUE  
BALTIMORE, MD 21218

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **WALKER MEWS APTS, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1450  
7099 3400 0011 7768 1450

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (to be completed by mailer)

GENERAL MANAGER  
WALKER MEWS APARTMENTS  
2525 KIRK AVENUE  
BALTIMORE, MD 21218

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>GENERAL MANAGER WALKER MEWS APARTMENTS 2525 KIRK AVENUE BALTIMORE, MD 21218</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7099 3400 0011 7768 1450</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (to be completed by mailer)

GENERAL MANAGER  
WALKER MEWS APARTMENTS  
2525 KIRK AVENUE  
BALTIMORE, MD 21218

PS Form 3800, July 1999 See Reverse for Instructions

GENERAL MANAGER  
WALKER MEWS APARTMENTS  
2525 KIRK AVENUE  
BALTIMORE, MD 21218

7099 3400 0011 7768 1450



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
MGR  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

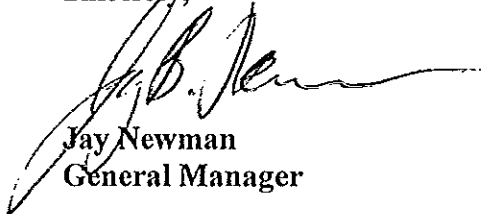
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **BEL AIR, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

BOB LAUER  
 MGR  
 ARMSTRONG UTILITIES INC  
 122 S QUEEN ST  
 RISING SUN, MD 21911

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOB LAUER  
 MGR  
 ARMSTRONG UTILITIES INC  
 122 S QUEEN ST  
 RISING SUN, MD 21911

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kevin Rolfe*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*Kevin Rolfe*

C. Date of Delivery

*8/25/11*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 7236 6647

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7736 6647  
7099 3400 0011 7736 6647

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BOB LAUER  
MGR  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>BOB LAUER MGR ARMSTRONG UTILITIES INC 122 S QUEEN ST RISING SUN, MD 21911</p>		<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>	
<p>2. Article Number (Transfer from service label) <b>7099 3400 0011 7736 6647</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.            4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </p>	

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

BOB LAUER  
MGR  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election


Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in OXFORD, PA for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

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Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 122 S QUEEN ST  
 RISING SUN, MD 21911

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 122 S QUEEN ST  
 RISING SUN, MD 21911

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6579

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Kevin Rolfe*

B. Received by (Printed Name) *Kevin Rolfe* C. Date of Delivery *8/23/11*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7736 6579  
7099 3400 0011 7736 6579

# **CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911

er)

See Reverse for Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6579

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

## **COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
122 S QUEEN ST  
RISING SUN, MD 21911





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in FAWN GROVE, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7005 2570 0001 0538 1259

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
BOB LAUER GM ARMSTRONG UTILITIES INC 123 S QUEEN ST RISING SUN, MD 21911	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Karen Roffe</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  BOB LAUER GM ARMSTRONG UTILITIES INC 123 S QUEEN ST RISING SUN, MD 21911		B. Received by (Printed Name) <i>Kevin Roffe</i>	
		C. Date of Delivery <i>8/29/11</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <i>7005 2570 0001 0538 1259</i>			

7005 2570 0001 0538 1259

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7005 2570 0001 0538 1259

7005 2570 0001 0538 1259

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

## 2. Article Number

(Transfer from service label)

7005 2570 0001 0538 1259

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
124 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **HARFORD, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7005 2570 0001 0538 1228

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 124 S QUEEN ST  
 RISING SUN, MD 21911

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 124 S QUEEN ST  
 RISING SUN, MD 21911

**2. Article Number**

(Transfer from service label)

7005 2570 0001 0538 1228

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

x *Kevin Rafe*

☒ Agent  
☐ Addressee

**B. Received by (Printed Name)**

*Kevin Rafe*

**C. Date of Delivery**

*8/23/11*

- D. Is delivery address different from item 1? ☐ Yes**  
 If YES, enter delivery address below: ☐ No

**3. Service Type**

☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

7005 2570 0001 0538 1228

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™



7005 2570 0001 0538 1228

7005 2570 0001 0538 1228

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
HereBOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
124 S QUEEN ST  
RISING SUN, MD 21911

PS Form 3800, June 2002

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
124 S QUEEN ST  
RISING SUN, MD 21911

## 2. Article Number

(Transfer from service label)

7005 2570 0001 0538 1228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
- 
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ YesWJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
124 S QUEEN ST  
RISING SUN, MD 21911



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
125 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in NOTTINGHAM, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7005 2570 0001 0538 1242

U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
To \$ BOB LAUER or GM or ARMSTRONG UTILITIES INC or 125 S QUEEN ST RISING SUN, MD 21911	
PS Form 3811, February 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Kevin Roffe</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  BOB LAUER GM ARMSTRONG UTILITIES INC 125 S QUEEN ST RISING SUN, MD 21911		B. Received by (Printed Name) <i>Kevin Roffe</i>	
		C. Date of Delivery 8/23/11	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <b>7005 2570 0001 0538 1242</b>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7005 2570 0001 0538 1242

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7005 2570 0001 0538 1242  
7005 2570 0001 0538 1242

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

To  
 Attn: BOB LAUER  
 or GM  
 or ARMSTRONG UTILITIES INC  
 125 S QUEEN ST  
 RISING SUN, MD 21911

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>						
<p>1. Article Addressed to:</p> <p>BOB LAUER          GM          ARMSTRONG UTILITIES INC          125 S QUEEN ST          RISING SUN, MD 21911</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number          (Transfer from service label) <b>7005 2570 0001 0538 1242</b></p>							
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540						

**OCBS** WJZ-TV  
 TELEVISION HILL  
 3725 MALDEN AVENUE  
 BALTIMORE, MD 21211-1322

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 125 S QUEEN ST  
 RISING SUN, MD 21911



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **RISING SUN, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7005 2570 0001 0538 1235

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 123 S QUEEN ST  
 RISING SUN, MD 21911

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOB LAUER  
 GM  
 ARMSTRONG UTILITIES INC  
 123 S QUEEN ST  
 RISING SUN, MD 21911

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kerim Rolfe* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Kerim Rolfe* C. Date of Delivery *8/23/11*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

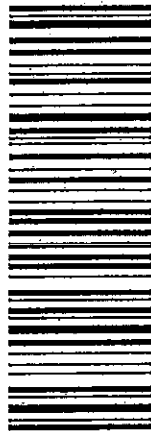
2. Article Number:

(Transfer from service label) *7005 2570 0001 0538 1235*

7005 2570 0001 0538 1235

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL™

7005 2570 0001 0538 1235  
7005 2570 0001 0538 1235**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911

## 2. Article Number

(Transfer from service label)

7005 2570 0001 0538 1235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

BOB LAUER  
GM  
ARMSTRONG UTILITIES INC  
123 S QUEEN ST  
RISING SUN, MD 21911



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **PERRYVILLE, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,

Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7099 3400 0011 7768 1313

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DARA LESLIE  
 GM  
 ATLANTIC BROADBAND  
 330 DRUMMER DRIVE  
 GRASONVILLE, MD 21638

*(deleted by mailer)*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
 GM  
 ATLANTIC BROADBAND  
 330 DRUMMER DRIVE  
 GRASONVILLE, MD 21638

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>Sarah Genter</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Sarah Genter</i>	C. Date of Delivery	

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
*(Transfer from service label)* 7099 3400 0011 7768 1313

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1313  
7099 3400 0011 7768 1313

# **CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

(deleted by mailer)

PS Form 3800, July 1999

See Reverse for Instructions

## **SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

2. Article Number  
(Transfer from service label)

7099 3400 0011 7768 1313

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-164

## **COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

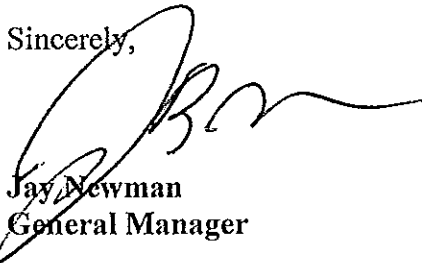
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in WYE MILLS, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DARA LESLIE  
 GM  
 ATLANTIC BROADBAND  
 330 DRUMMER DRIVE  
 GRASONVILLE, MD 21638

*(Completed by mailer)*

7099 3400 0011 7768 1320

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Sarah Gentry</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>DARA LESLIE            GM            ATLANTIC BROADBAND            330 DRUMMER DRIVE            GRASONVILLE, MD 21638</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label) 7099 3400 0011 7768 1320</p>	

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1320  
7099 3400 0011 7768 1320

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

(Completed by mailer)

PS Form 3800, July 1999

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1320

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in CHESAPEAKE, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7099 3400 0011 7768 1306

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
HereDARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

(Completed by mailer)

PS Form 3800, July 1999

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sarah Genter*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Sarah Genter*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1306

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1306  
7099 3400 0011 7768 1306

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

(completed by mailer)

PS Form 3800, July 1999

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

**2. Article Number**

(Transfer from service label)

7099 3400 0011 7768 1306

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

August 22, 2011

Re: WJZ-TV, BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in MIDDLETOWN, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

(Completed by mailer)

PS Form 3800, July 1999

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X. *Sarah Genter* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Sarah Genter*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1337  
7099 3400 0011 7768 1337

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DARA LESLIE *ompleted by mailer*  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

DARA LESLIE  
GM  
ATLANTIC BROADBAND  
330 DRUMMER DRIVE  
GRASONVILLE, MD 21638





JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

MARY HALLADAY  
MANAGER  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

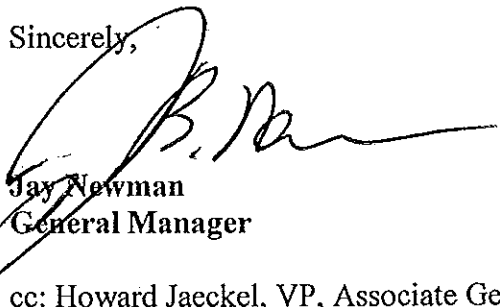
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in CAROLINE ACRES MHP, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

MARY HALLADAY  
MANAGER  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

(Per)

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARY HALLADAY  
MANAGER  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6531

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Frances August* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Frances August*

C. Date of Delivery

*9/1/14*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7736 6531  
7099 3400 0011 7736 6531

**U.S. POSTAL SERVICE**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

MARY HALLADAY  
MANAGER  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640

PS Form 3811, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>MARY HALLADAY MANAGER CAROLINE ACRES MHP P.O. BOX 40 HENDERSON, MD 21640</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7099 3400 0011 7736 6531</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-083

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

MARY HALLADAY  
MANAGER  
CAROLINE ACRES MHP  
P.O. BOX 40  
HENDERSON, MD 21640



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

JAMES WILMER  
MANAGER  
CHRIST CHURCH HARBOR APTS  
600 LIGHT ST  
BALTIMORE, MD 21230

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

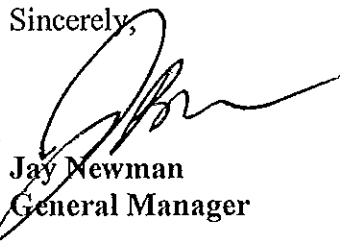
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **CHRIST CHURCH HARBOR, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

JAMES WILMER  
 MANAGER  
 CHRIST CHURCH HARBOR APTS  
 600 LIGHT ST  
 BALTIMORE, MD 21230

mailer)

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MANAGER  
 CHRIST CHURCH HARBOR APTS  
 600 LIGHT ST  
 BALTIMORE, MD 21230

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6609

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/23/94

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7099 3400 0011 7736 6609  
7099 3400 0011 7736 6609

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7 JAMES WILMER  
MANAGER  
CHRIST CHURCH HARBOR APTS  
600 LIGHT ST  
BALTIMORE, MD 21230

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JAMES WILMER MANAGER CHRIST CHURCH HARBOR APTS 600 LIGHT ST BALTIMORE, MD 21230</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7099 3400 0011 7736 6609</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-01

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

JAMES WILMER  
MANAGER  
CHRIST CHURCH HARBOR APTS  
600 LIGHT ST  
BALTIMORE, MD 21230



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

GENERAL MANAGER  
ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **ESSEX COOPERATIVE AP, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

GENERAL MANAGER

ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GENERAL MANAGER  
ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Patricia A. Pinnino*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*PATRICIA A. PINNINO*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7099 3400 0011 7736 6517

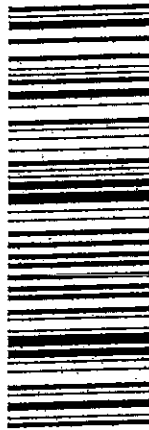
Domestic Return Receipt

102595-02-M-0835



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7736 6517  
7099 3400 0011 7736 6517

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

GENERAL MANAGER

ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GENERAL MANAGER  
ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7099 3400 0011 7736 6517

Domestic Return Receipt

102595-02-M-0



WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

GENERAL MANAGER  
ESSEX COOPERATIVE APARTMENTS-ADS  
1000 FRANKLIN AVE  
BALTIMORE, MD 21221



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

GERI GLASS  
MANAGER  
PICKERSTILL RETIREMENT COMMUNITY  
615 CHESTNUT AVE  
TOWSON, MD 21204

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

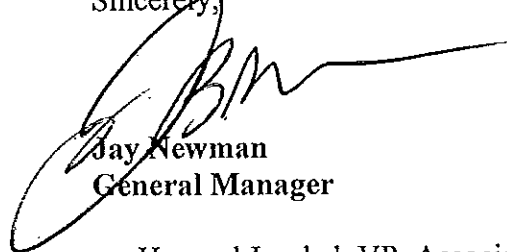
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **PICKERSTILL RETIREMENT COMMUNITY, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7099 3400 0011 7768 1412

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
GERI GLASS MANAGER PICKERSTILL RETIREMENT COMMUNITY 615 CHESTNUT AVE TOWSON, MD 21204	
PS Form 3800, July 1999	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature x <i>Tyrena McClain</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Tyrena McClain</i> C. Date of Delivery <i>8-23-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  GERI GLASS MANAGER PICKERSTILL RETIREMENT COMMUNITY 615 CHESTNUT AVE TOWSON, MD 21204	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <i>7099 3400 0011 7768 1412</i>	

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7768 1412  
7099 3400 0011 7768 1412

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

GERI GLASS  
MANAGER  
PICKERSTILL RETIREMENT COMMUNITY  
615 CHESTNUT AVE  
TOWSON, MD 21204

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>GERI GLASS MANAGER PICKERSTILL RETIREMENT COMMUNITY 615 CHESTNUT AVE TOWSON, MD 21204</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7099 3400 0011 7768 1412</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

GERI GLASS  
MANAGER  
PICKERSTILL RETIREMENT COMMUNITY  
615 CHESTNUT AVE  
TOWSON, MD 21204



JAY B. NEWMAN  
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRIAN LYNCH  
GM  
SCHURZ COMMUNICATIONS  
1000 WILLOW CIR  
HAGERSTOWN, MD 21740

August 22, 2011

Re: WJZ-TV BALTIMORE--  
Retransmission Consent Election

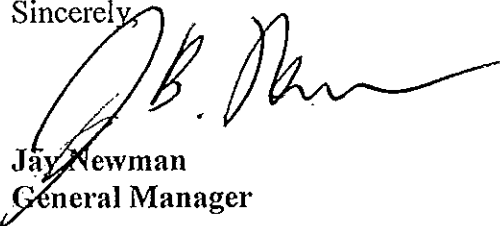
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **HAGERSTOWN, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman  
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BRIAN LYNCH  
 GM  
 SCHURZ COMMUNICATIONS  
 1000 WILLOW CIR  
 HAGERSTOWN, MD 21740

(mailer)

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN LYNCH  
 GM  
 SCHURZ COMMUNICATIONS  
 1000 WILLOW CIR  
 HAGERSTOWN, MD 21740

2. Article Number

(Transfer from service label)

7099 3400 0011 7236 6616

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Leslie Morgan*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Leslie Morgan*

C. Date of Delivery

*8-23-11*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3400 0011 7736 6616  
7099 3400 0011 7736 6616

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BRIAN LYNCH  
GM  
SCHURZ COMMUNICATIONS  
1000 WILLOW CIR  
HAGERSTOWN, MD 21740

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BRIAN LYNCH GM SCHURZ COMMUNICATIONS 1000 WILLOW CIR HAGERSTOWN, MD 21740</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <b>7099 3400 0011 7736 6616</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**CBS** WJZ-TV  
TELEVISION HILL  
3725 MALDEN AVENUE  
BALTIMORE, MD 21211-1322

BRIAN LYNCH  
GM  
SCHURZ COMMUNICATIONS  
1000 WILLOW CIR  
HAGERSTOWN, MD 21740